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## APPLICANTS

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\*\* CONTINUING DATA *ATB*

THIS APPLICATION IS A 371 OF PCT/FI00/00260 03/29/2000

\*\* FOREIGN APPLICATIONS *None ATB*

## \*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FINLAND	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	<i>ATB</i>	Examiner's Signature	Initials		

## ADDRESS

6449

## TITLE

Diagnosis of a person's risk for developing atherosclerosis or diabetic retinopathy

FILING FEE RECEIVED 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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